

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 0 1 3

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.11

7. FEDERAL BUDGET IMPACT:

a. FFY 2000/2001 \$ 0 -b. FFY 2001/2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

.Attachment 1.2-A, page 1
.Attachment 1.2-B, pages 1-5
.Attachment 1.2-C, pages 1 and 2
.Attachment 1.2-D, pages 1-4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

.Attachment 1.2-A, page 1
.Attachment 1.2-B, pages 1-4
.Attachment 1.2-C, pages 1 and 2
.Attachment 1.2-D, pages 1-4

10. SUBJECT OF AMENDMENT:

Organizational structure of AHCCCS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

November 16, 2000

16. RETURN TO:

AHCCCS
Mail Drop 4200
801 East Jefferson
Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 21, 2000

18. DATE APPROVED:

February 14, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



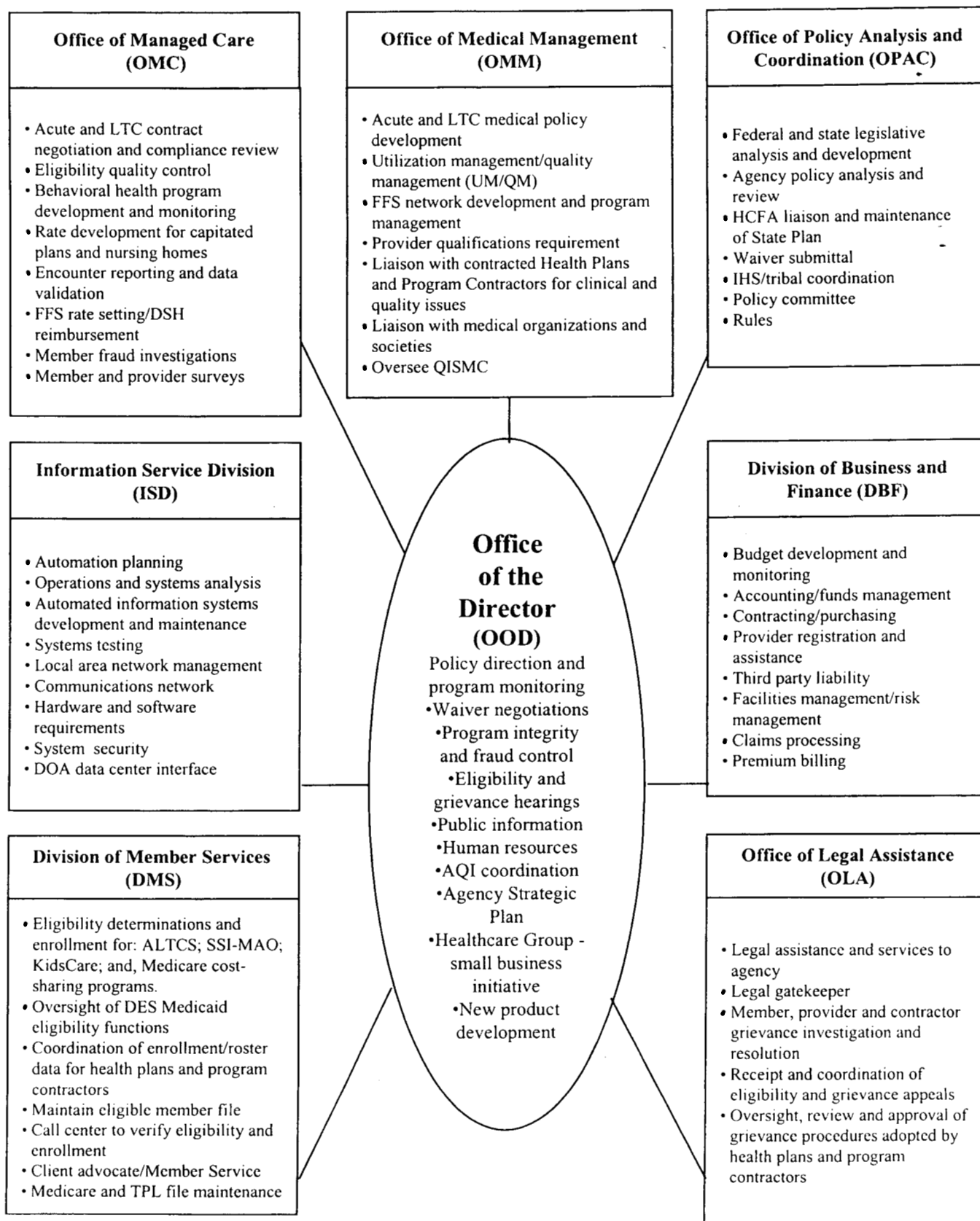
21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

AHCCCS Functional Organizational Chart



Descriptions and Functions of the Medical Assistance Unit

**Description and Functions of the Office of Medical Management
(Medical Assistance Unit)**

Within AHCCCS, the Medical Assistance Unit is known as the Office of Medical Management (OMM). OMM's role is to facilitate the delivery of quality medical care delivery to the members and recipients by:

- Identifying, developing and evaluating indicators of quality;
- Formulating medical policy;
- Exercising medical interpretation; and
- Acting as a resource for technology assessment.

An organizational chart for OMM is provided at the end of this Attachment.

Professional medical personnel and administrative and support staff for OMM are described in Attachment 1.2-C. OMM has organized its operation into distinct units, which are responsible for the following OMM functions:

1. Administration, including Clinical Research and Data Section (CR&D)

- (a) Management and oversight of all Programs and Functions in OMM.

CR&D Section

- (b) Utilization management monitoring, including reinsurance review and utilization profiling (for example, overutilization and underutilization).
- (c) Data handling, analysis and reporting for utilization monitoring, performance measures, quality indicators, clinical studies, and medical audits.
- (d) Coordination of data handling and analysis for medical audits, clinical studies, performance measures, and related projects.
- (e) Technical assistance to health plans, program contractors, and other external agencies.
- (f) Support of OMM and other AHCCCS divisions in meeting Agency strategic plan and reporting requirements.
- (g) On-going technical assistance and training of OMM Staff.

Descriptions and Functions of the Medical Assistance Unit

2. Clinical Services Management

- (a) Fee-for-service management, including prior authorization, concurrent and retrospective reviews for the Indian Health Service, and the Emergency Services Program.
- (b) Development, maintenance and oversight of comprehensive Case Management Program.
- (c) Care coordination for high-risk member populations and tracking/trending utilization and costs.
- (d) Grievances and appeals specific to prior authorization denials.
- (e) Oversight of Reinsurance Program.
- (f) Fee-for-service quality of care issue identification, monitoring, and referral.
- (g) Technical assistance to program contractors and tribal case managers.
- (h) Authorizations for special items such as environmental modifications.
- (i) Federal and State compliance, ALTCS Program, PASARR, and Nurse Aide Training and Competency Evaluation Program.
- (j) Coordination with the Arizona Department of Health Services on the status of licensure and certification of nursing facilities and Intermediate Care Facilities for the Mentally Retarded and distribution of information to Program Contractors and Health Plans.

3. Clinical Quality Management

- (a) Program and operational reviews to assess each health plan and program contractor's management of medical issues, including medical direction, quality management, utilization management, medical policy.
- (b) Continuous training, technical assistance and interface with each health plan and program contractor regarding refining and developing their quality management plan.
- (c) Program monitoring, including for Maternal Child Health, Family Planning, EPSDT, dental utilization, immunization, ALTCS, and adult health care.
- (d) Quality management development and analysis (e.g., utilization reports and performance indicators).
- (e) Monitoring implementation of corrective action plans and quality interventions.

Descriptions and Functions of the Medical Assistance Unit

- (f) Federal and state compliance related to EPSDT and maternal health and review of annual quality management plans.
- (g) Contract with external quality review agencies to conduct focused medical audits. Annual medical audits on select area of interest and quality management analysis of audit data.
- (h) Problem resolution, including individual quality of care issues for members, access to care, level of coverage, quality of coverage provided.
- (i) Review and implementation oversight of the Maternal Child Health, EPSDT, and ALTCS Quality Management plans.
- (j) Medical resource for the grievance and appeals process.

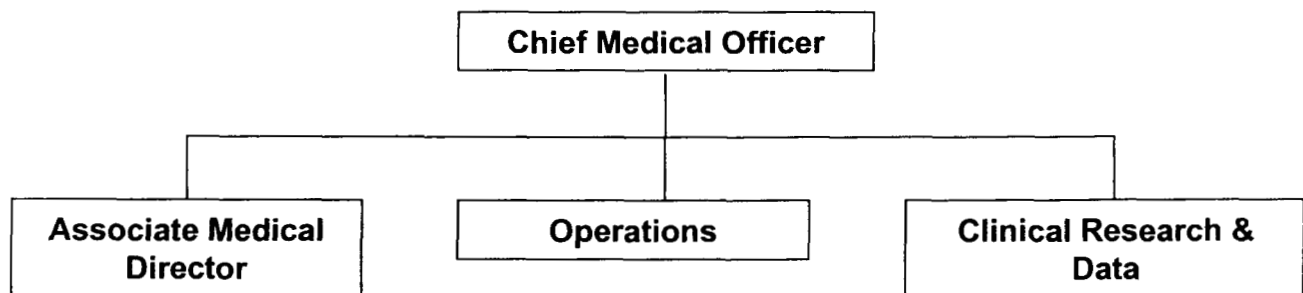
4. Medical Policy/Clinical Technology

- (a) Policy development, distribution, interpretation and evaluation.
- (b) Medical policy interpretation.
- (c) Rule development, distribution and evaluation.
- (d) Coordination of OMM-related legislative issues with the Office of Policy Analysis and Coordination.
- (e) Development and maintenance of the Clinical Technology program for AHCCCS.
- (f) Expert resource for Clinical Technology within AHCCCS and with contracted health plans.
- (g) Review and revise as needed the qualifications and standards for the registration of AHCCCS provider types.
- (h) Review and make recommendations to Executive Management regarding the addition or deletion of provider types.
- (i) Technical assistance and training for providers in using the AHCCCS Medical Policy Manual.
- (j) Advocacy and provider problem resolution related to medical policy or clinical technology.

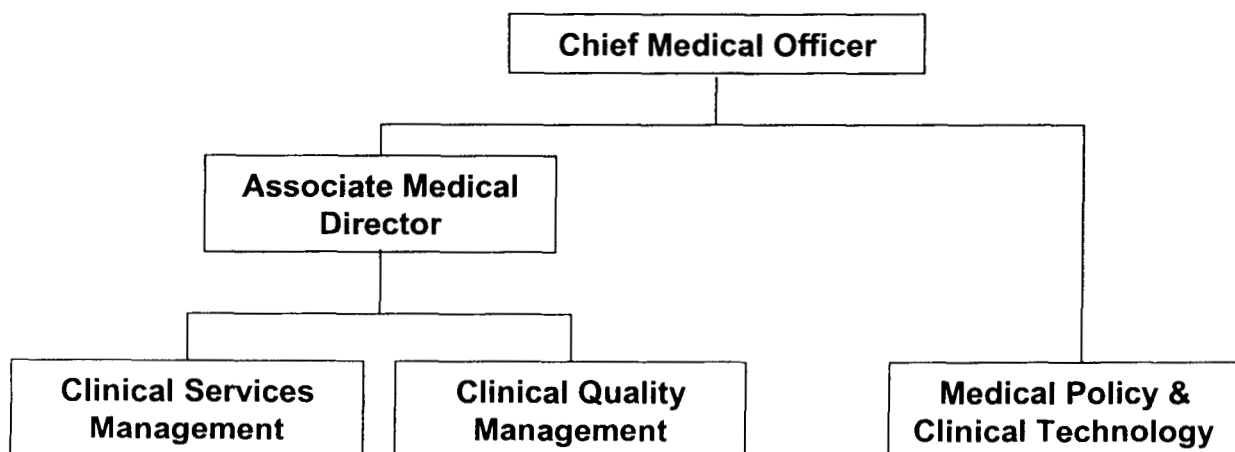
Descriptions and Functions of the Medical Assistance Unit

OFFICE OF MEDICAL MANAGEMENT

Administrative Unit



Functional Units



Professional Medical Personnel & Support Staff

Professional Medical Personnel and Administrative/Support Staff

Provided below are the titles and numbers of professional medical personnel and administrative/support staff used in the administration of the programs.

Office of Medical Management (OMM)

Chief Medical Officer (MD)	1
Associate Medical Director (MD)	1
Clinical Services Management Administrator (Clinical Pharmacist)	1
Clinical Quality Management Administrator (RN)	1
Medical Policy/Clinical Technology Administrator (RN)	1
Clinical Research & Data Manager	1
Administrative Services Officer IV	1
Administrative Services Officer II	1
Executive Consultant II	1
Executive Consultant I (RN)	1
Health Program Manager III (2 RNs)	5
Health Program Manager II (2 RNs)	2
Health Program Manager I (1 RN)	4
Medical Services Program Review Specialist (all RNs)	17
Baby Arizona Project Manager	1
Healthy Start So. Phoenix Project Coordinator	1
Healthy Start So. Phoenix Outreach Worker	1
Healthy Start So. Phoenix Outreach Worker	1
Program & Projects Specialist II	6
Research/Statistical Analyst II	2
Additional Support Staff	8
TOTAL	58

Office of the Director/Office of Program Integrity (OPI)

Medical Services Program Review Specialist (RNs)	2
TOTAL	2

Division of Member Services – Bureau of Eligibility (DMS/BOE)

Health Program Manager III (RN)	3
Health Program Manager II (RNs)	5
Economic Security Bureau Chief I (RN)	1
Program and Project Specialist II (RNs)	42
Support staff (16 site offices + central office)	31
TOTAL	82

Professional Medical Personnel & Support Staff

Contracted Physician Consultants

Neurologist (MD)	1
Gerontologist (MD)	3
Pediatrician (MD)	2
Internist	1
Psychiatrist	<u>1</u>
TOTAL	8

TN No. 00-043
Supersedes
TN No. 98-010

Approval Date FEB 14 2001

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Responsibility for Title XIX Eligibility Determinations

Title XIX eligibility determinations in Arizona are made by the:

- Arizona Department of Economic Security (DES);
- Social Security Administration (SSA); or
- AHCCCS.

In addition, each of the 15 Arizona Counties, while not directly making Title XIX eligibility determinations, assist with the eligibility process for select categories by collecting information and forwarding it to DES or AHCCCS as appropriate. Following is an explanation of the eligibility functions performed by each of these entities.

Arizona Department of Economic Security (DES)

Personnel in two DES divisions, the Division of Benefits and Medical Eligibility (DBME) and the Division of Children, Youth and Families (DCYF), perform Title XIX acute care eligibility determinations for persons who are categorically eligible for AHCCCS in accordance with state and federal statutes and regulations and the State Plan. An intergovernmental agreement (IGA) between AHCCCS and DES ensures that eligibility determinations are performed in compliance with federal and state requirements. The IGA is on file and available for review in the AHCCCS' Contracts office. An organizational chart of DES is included at the conclusion of this attachment. Two divisions within DES perform eligibility functions:

- The Division of Benefits and Medical Eligibility; and
- The Division of Children Youth and Families.

Division of Benefits and Medical Eligibility (DBME)

DBME is divided into three areas:

- Family Assistance Administration;
- Disability Determination Services Administration; and
- Office of Program Evaluation.

With the exception of foster care and adoption subsidy children, Title XIX eligibility determinations conducted by DES are performed by DBME personnel. Within DBME, Title XIX eligibility determinations are the responsibility of the Family Assistance Administration which provides statewide services in six geographic districts. Applications are processed, and eligibility determinations are completed by eligibility workers in approximately 87 local offices located throughout the state.

Responsibility for Title XIX Eligibility Determinations

Division of Children Youth and Families (DCYF)

DCYF is divided into three parts:

- Finance and Business Operations;
- Children, Youth and Families Administration; and
- Comprehensive Medical and Dental Program.

DCYF staff in Finance and Business Operations conduct Title XIX eligibility determinations children in the foster care and adoption subsidy programs (Title IV-E and non Title IV-E).

Social Security Administration (SSA)

On a regular basis, SSA provides AHCCCS with information on individuals who are eligible or ineligible for SSI via the File Transfer Protocol. The IGA between AHCCCS and SSA, which provides for the transfer of eligibility information, is on file and available for review in the AHCCCS' Contracts office.

AHCCCS - Division of Member Services (DMS)

Eligibility for ALTCS services is determined by DMS staff in the ALTCS Eligibility Administration (AEA). AEA has 424 employees providing direct or support eligibility services, either in the Central Office or in one of the 16 field offices.

AEA is responsible for determining financial and medical (Preadmission screening-PAS) eligibility and for calculating the member's share of cost, which is the monthly amount a member is responsible for contributing toward their long term care. PAS is the process utilized by AHCCCS to determine medical eligibility (at risk of institutionalization) for the ALTCS program. The PAS tool compiles demographic, functional and medical information for each ALTCS applicant. Once it is determined that an applicant meets the financial eligibility criteria, a PAS is completed to determine medical eligibility. Applicants who meet both medical and financial eligibility criteria are determined Title XIX eligible and are enrolled with an ALTCS Program Contractor.

AEA also determines eligibility for the four Medicare Savings programs referred to in Arizona as the Medicare Cost Sharing programs. These programs include the:

- Qualified Medicare Beneficiary (QMB) program;
- Specified Low-Income Medicare Beneficiary (SLMB) program;
- Qualified Individual I (QI-I) program; and
- Qualified Individual II (QI-II) program.

Responsibility for Title XIX Eligibility Determinations

Eligibility for SSI-MAO Members

Eligibility for SSI-MAO members includes:

- Members qualifying under the Pickle Amendment;
- Disabled Adult Children;
- Widow/widowers; and
- Disabled children who lost their SSI cash benefits due to changes in August 1996 in the disability criteria.

Arizona Counties

County employees do not conduct Title XIX eligibility determinations; rather, they indirectly assist in the process by collecting information and referring potential SOBRA Title XIX eligible persons to DES or AHCCCS and assisting persons in the completion of Title XIX applications for SOBRA coverage which are then forwarded to DES.

AHCCCS has three-way IGAs with DES and each of the 15 counties. These agreements specify the responsibilities of the three parties in processing applications for S.O.B.R.A. and other select eligibility groups. Copies of these IGAs are on file and available for review in the AHCCCS' Contracts office.

TN No. 00-013

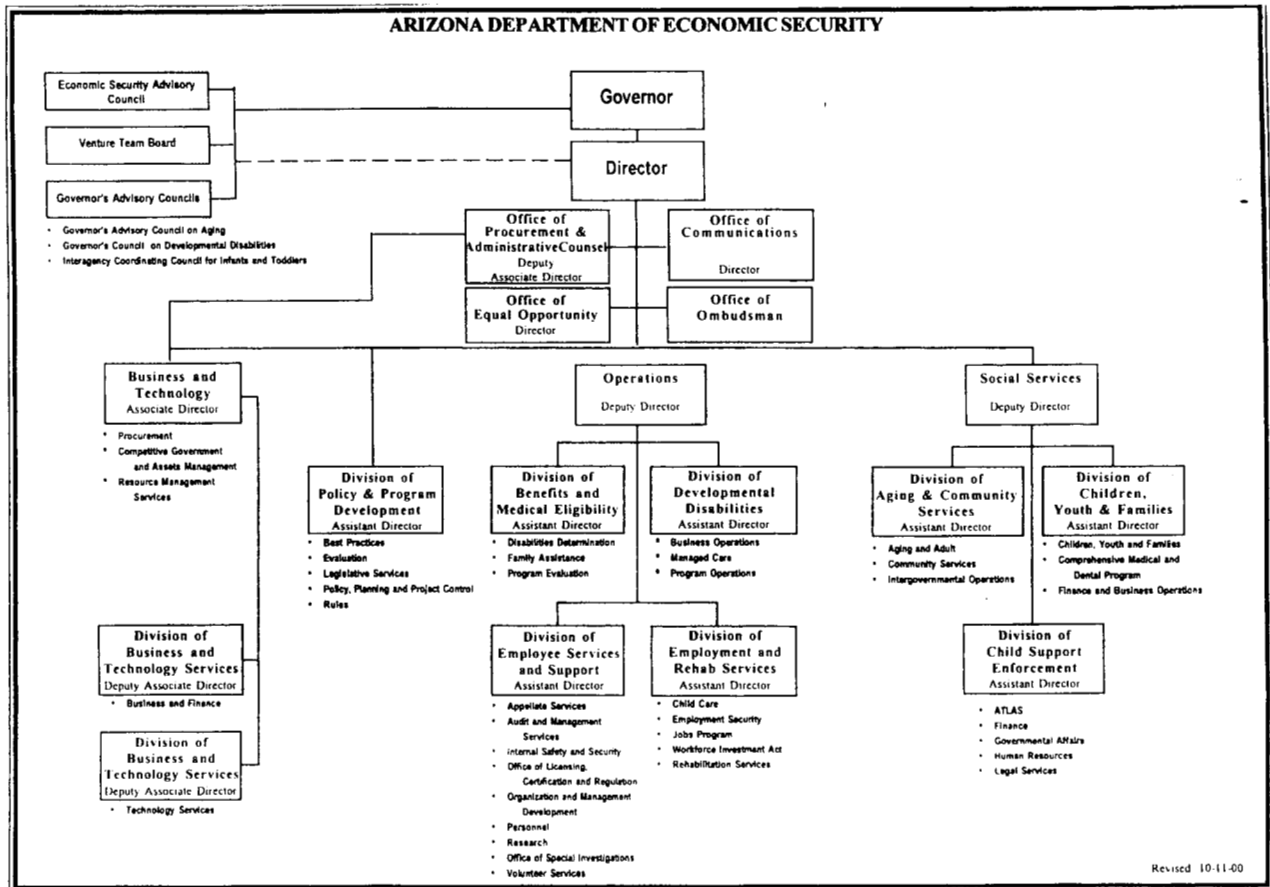
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Responsibility for Title XIX Eligibility Determinations



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